

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>09/12/14/01</u>		2 Serial/Patent # <u>09/700,561</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
Filing			\$								
Amendment			\$								
Extension of Time			\$								
Notice of Appeal/Appeal			\$								
<input checked="" type="checkbox"/> Petition	5	9/26/01	\$ 130.00								
Issue			\$								
Cert of Correction/Terminal Disc.			\$								
Maintenance			\$								
Assignment			\$								
Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 130.00							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
Overpayment		Credit Deposit A/C #:									
Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> <td style="width: 20px;">0</td> </tr> </table>			1	6	--	2	4	8	0
1	6	--	2	4	8	0					
<input checked="" type="checkbox"/> No Fee Due (Explanation):											
11 REFUND REQUESTED BY: <u>S. Ungar</u>											
TYPED/PRINTED NAME: <u>Sosion Ungar</u>		TITLE: <u>Primary Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>703-305-1645</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>1-18-02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: